

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications (B1)

<b>Service Specification No.</b>	02/GMS0003
<b>Service</b>	Continence Service Pan Dorset
<b>Commissioner Lead</b>	CCP for General Medical & Surgical
<b>Provider Lead</b>	Sarah Mumford
<b>Period</b>	2013/14
<b>Date of Review</b>	To be Agreed

#### NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	*
Domain 2	Enhancing quality of life for people with long-term conditions	*
Domain 3	Helping people to recover from episodes of ill-health or following injury	*
Domain 4	Ensuring people have a positive experience of care	*
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	*

#### 1. Purpose

##### 1.1 Aims

- To provide specialist continence service to adults and children with complex continence problems to clients who are registered with a Dorset GP's
- To reduce unnecessary treatment and inappropriate reliance on products for the containment of urinary or faecal incontinence;
- Provide best possible outcomes for the person and their carer through identification assessment, diagnosis and treatment, resulting in alleviation or cure of bladder or bowel symptoms;
- To reduce inequalities and improve access enabling older people , people with physical , sensory or learning disabilities and people who do not speak or read English to have equal access to information and urinary/faecal continence services;
- To improve performance and person centered clinical care by making recommendations to commissioners in relation to NICE guidance relevant to this service area;
- To offer education on all aspects of continence care to health care professionals, social services, patients and their carers and to staff in care homes and nursing homes, to ensure appropriate assessment and care pathway is followed;
- To work with commissioners to carry out a review of services during the year to maximize productivity and ensure best use of resources, considering service redesign to effectively meet the needs of the local population.

##### 1.2 Evidence Base

The commissioning intentions set out in this specification have been informed by the following national guidance:

- Royal College of Physicians audit of continence assessment in elderly;
- Good Practice Guidelines DOH 2000;
- NICE Guidance Development Group guidelines for Lower urinary tract symptoms in Men;

### **1.3 General Overview**

Incontinence affects all ages and both sexes and people of every social and economic level. It is estimated that 15-30% of people over the age of 60 years have incontinence problems. Women are twice as likely as men to have this condition. Incontinence does increase with age but is not inevitable. It can be treatable and often curable at all ages. Therefore in a typical Primary Care Trust of around 150,000 patients, we might expect around 25,000 patients with urinary storage symptoms and 16,600 needing care. This means each GP could expect to see around 100 patients with urinary incontinence problems. Faecal incontinence although less common has an even more devastating effect on a person's life, based on Royal College of Physicians figure, it is estimated that there are 7,000 people in Bournemouth and Poole affected.

### **1.4 Objectives**

- To provide specialist continence advice, assessment, treatment and management for complex cases;
- To provide a high quality , value for money home delivery service to patients within their own homes and care homes;
- To provide continence training and support for health care professionals and for those professionals who order incontinence pads from the home delivery service;
- To enable patients with urinary and faecal incontinence to improve their lifestyles and maintain their independence;
- To further develop pathways of care using evidence based practices: ensuring that they are implemented, regularly updated and available to relevant health care professionals;

### **1.5 Expected Outcomes including improving prevention**

- To actively work with other health and social care staff, patients and carers to promote good bladder and bowel care to reduce the number of individuals with long term urinary and faecal incontinence;
- To reduce unnecessary treatment and inappropriate reliance on products for the containment of urinary or faecal incontinence;
- Provide best possible outcomes for the person and their carer through identification assessment, diagnosis and treatment, resulting in alleviation or cure of bladder or bowel symptoms;
- To reduce inequalities and improve access enabling older people , people with physical , sensory or learning disabilities and people who do not speak or read English to have equal access to information and urinary/faecal continence services;
- To improve performance and person centred clinical care by making recommendations to commissioners in relation to NICE guidance relevant to this service area;
- To offer education on all aspects of continence care to health care professionals, social services, patients and their carers and to staff in care homes and nursing homes, to ensure appropriate assessment and

care pathway is followed;

- To continue to work with commissioners to review of the services to maximize productivity and ensure best use of resources, considering service redesign to effectively meet the needs of the local population.

## 2. Scope

### 2.1 Service Description

The continence service covers the population of Dorset county

The function of the continence service is to:

- provide a high quality cost effective service that delivers specialist continence advice: assessment, treatment and management. This is achieved by working with other care providers to promote continence and facilitate the effective management of incontinence.
- provision of health education and promotion of continence
- promote health and independence to prevent long term continence problems;
- develop and implement policies and procedures in line with national best practice guidance;
- co-ordinate the home delivery service of incontinence products for both community and care home patients;

### 2.2 Accessibility/acceptability

The service is for complex cases through referrals from GP's and hospitals consultants. Referrals from intermediate care services, long term condition services, palliative care services, children and family services and nursing homes are accepted following completion of the appropriate continence care pathway;

### 2.3 Whole System Relationships

Community nursing services;

GPs;

Social services;

Specialist nurses;

Acute hospital staff including consultants;

Education departments and universities;

NHS Bournemouth and Poole Primary Care Trust;

Product manufactures and suppliers.

Care Homes

DHUFT

### 2.4 Interdependencies

NHS Dorset Community Health Services;

Community hospitals and Broadwaters

Continence products home delivery suppliers.

## **2.5 Relevant networks and screening programmes**

Prostate Cancer Surveillance;  
Royal College of Physicians (national assessment audit);  
Universities;  
Royal College of Nursing/Continence Care Forum;  
Association of Continence Advice;  
Bowel and Bladder Foundation;  
Education and Resource for Improving Childhood Continence;  
National Institute for Clinical Excellence;  
Devices 4 Dignity Network.  
Dorset End of Life Network  
Dorset Cancer Network

## **3. Service Delivery**

### **3.1 Service model**

The commissioning plans for the NHS Dorset are built around the concept of services that are centrally coordinated through a single point of access, delivered by locality based/specialist teams, and follow a care pathway approach to avoid duplication and delay.

The service model for continence services is community nursing undertake routine continence assessments and reviews and make prescriptions for the home delivery service when all other treatment options have been exhausted.

Specialist continence problems will be referred to the specialist continence nurses for advice or further specific treatments.

### **3.2 Care Pathway(s)**

Condition specific care pathways are in place to support services for:

- Urinary continence care
- Urinary catheterisation
- Bowel care
- Incontinence in children.
- Urinary appliance prescriptions
- Continence product formulary

## **4. Referral, Access and Acceptance Criteria**

### **4.1 Geographic coverage/boundaries**

People registered with GP Practices in NHS Dorset

### **4.2 Location(s) of Service Delivery**

Main Office base – 11 Shelley Road  
Boscombe  
Bournemouth  
Dorset

Clinics are held across the conurbation in community sites. The numbers and locations of clinics reflects the number of people being referred from different parts of the conurbations. Clinic locations may need to be relocated, within resources, as necessary

Services will also be delivered in client's homes, care homes and nursing homes as appropriate.

#### **4.3 Days/Hours of operation**

The service will operate between the hours of 08.30 – 16.30 Monday to Friday excluding bank holidays.

#### **4.4 Referral criteria & sources**

Referrals will be accepted from Hospital Consultants, GPs, acute care closer to home service, long term conditions, palliative care services, children and family services and nursing homes.

- The referral criteria will support the delivery of the service description and objectives set out in the specification
- For children and adults with a complex continence problem
- Completion of initial assessment using appropriate care pathway by a qualified health professional trained in continence assessment and provided to the continence service
- Referrals by GP's and hospital Consultants may be accepted following a referral letter

#### **4.5 Referral route**

Specialist services: Referrals are made to a single point of contact and triaged to the most appropriate specialist nurse for action;

#### **4.6 Exclusion criteria**

- patients who do not fully meet the referral criteria
- any adult or child who is not registered with a GP in NHS Dorset

#### **4.7 Response time & detail and prioritisation**

Contact will be made with all referrals within 48 working hours

On receipt of referral the continence specialist nurse will prioritise urgent referrals for assessments within 2 weeks

Patients will be assessed at home, where appropriate

Clinic appointments will be offered to meet the nationally agreed access target.

Referrals for continence products will be assessed and provided on the basis of the patient's assessed level of clinical need.

Continence products will be delivered within 4 weeks for patients in their own homes and 12 weeks for patients in residential and nursing care homes.

## **5. Discharge Criteria and Planning**

A care plan is agreed with each patient seen by continence team. A copy of the GP letter is sent to patient setting out goals and treatment plan.

At each subsequent visit the treatment plan will be reviewed.

At the point of discharge a report will be sent to the GP and if ongoing management is required the patient will be referred back to the healthcare professional.

Patients will have written information on continence care and who to contact for a blocked catheter

For patients receiving products via the home delivery service, reassessment will be completed prior to any produce changes by the assessor or at least every 9 months.

## 6. Prevention, Self-Care and Patient and Carer Information

Service leaflets will be available giving information on accessing clinical services and home delivery.

Nationally recognised and evidence based treatment leaflets will be given at clinical intervention on various treatment programs.

Robust care pathways are in place for initial continence assessment by Community staff supported by education package.

## 7. Continual Service Improvement/Innovation Plan

<i>Description of Scheme</i>	<i>Milestones</i>	<i>Expected Benefit</i>	<i>Timescales</i>	<i>Frequency of Monitoring</i>
To implement continence service improvement plan		To implement a standardised continence assessment form	To be undertaken in 2013-14	Quarterly

## 8. Baseline Performance Targets – Quality, Performance & Productivity

<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Frequency of Monitoring</i>
<u>Quality</u>				
95% of patients whose referral to first definitive treatment time is within 18 weeks, Provider to report additionally on 13 week performance		95%	Monthly score card	Monthly
100% of Patients to have completed care pathway prior to receiving products		100%	Monthly score card	Monthly

98%% of Urgent referrals (adults) to have an assessment within 2 week		98%	Monthly score card	Monthly
98% of Urgent referrals (children) to have an assessment within 2 weeks		98%	Monthly score card	Monthly
<i>Additional Measures for Block Contracts:-</i>				
<b>Staff turnover rates</b>				
<b>Sickness levels</b>				
<b>Agency and bank spend</b>				
<b>Contacts per FTE</b>				

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